

# **EXHIBIT 3**

[illegible]

Unit Number		Unit Known		State		Driver License Number		Date of Birth (Age)		License Type		Endorsements		Sex		Total Occupants		Hazardous Action	
Unit Type		Driver Information		Injury		Position		Restraint		Hospital		Ambulance		Trapped		Ejected		Date of Birth (Age)	
Other Condition		01 02 03 04 05 06 07 08 09 00		Alcohol		Yes		No		Test Results		Test Results		Test Results		Test Results		Test Results	
Vehicle Registration		Title		Status		Insurance/Policy #		Towed Tow #		No		Blood		Urine		Other		Special Vehicle	
VIN		Description		Make		Model		Color		Year		Vehicle Type		Action Prior		Fourth		Third	
Location of Damage		First Impact		Extent of Damage		Direction		Vehicle Use		Vehicle Direction		Vehicle Use		Action Prior		Fourth		Third	
Sequence of Events		First		Second		Third		Fourth		Fifth		Sixth		Seventh		Eighth		Ninth	
Passenger Information		Date of Birth (Age)		Sex		Position		Restraint		Hospital		Ambulance		Trapped		Ejected		Date of Birth (Age)	
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